



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

SOME SOCIAL SERVICE ASPECTS OF THE HOSPITAL *

By RABBI LEO M. FRANKLIN

(Continued from page 89)

Since 1905, when Dr. Cabot began his work, foundations have been laid for some splendid social service work by hospitals, and under the inspiration of the Massachusetts General Hospital, whose present head worker will give you some interesting details as to the history and present development of the work there, social service as a distinct and important department of hospital work, has been introduced into many of the leading hospitals of this country.

It shall not be my part, as a mere layman in relation to the medical profession, to tell you what has been so well accomplished along these lines, nor even to venture to suggest how here and there that work might be extended, for those expert at these very tasks will speak to you with an authority that my words could not possibly possess. Mine rather it shall be to suggest in a somewhat more general way certain aspects of social service work in relation to hospitals, which are not the less significant because often they find no embodiment in a special department and because as frequently as not they are indirect rather than direct, and will not permit of tabulation in statistical tables, a possibility which sometimes goads the worker to multiply cases rather than to actually effect results. Do not misunderstand me—I find no fault with the desire on the part of specialists so to tabulate the results of their experimentation that at a moment's notice they can refer to the details of their work by case and number—but I do hold that oftentimes there are results quite as telling, which cannot be thus reduced to statistical tables. Take the case of the visiting nurse, for instance, whose influence as a social worker simply cannot be over-estimated. It is perfectly possible to tell how many visits she has made in the course of her year, how many patients she has seen, etc., but who can tell to what degree she has re-awakened the dormant self-respect of an afflicted family, or aroused a dulled ambition in them, or shamed the mother for her slovenliness, or roused a drunken father to a sense of duty to his wife and children? It is a fine thing that she goes into the filthy home and makes it not only habitable but inviting, but it is a finer thing that by her gentle influence, not only upon the patient but upon the place and all who dwell in it, she leaves an inspiration to be something a little more and something a little better than they have been, and that she awakes in them the consciousness that

* Read before The American Hospital Association September 24, 1912.

even if to some extent they are the victims of their environment, that conscience-dulling sentiment, they may yet, through well-directed active effort, do something to uplift that environment and thereby help themselves.

Something I would like to say, in this connection, of the so-called "charity clinic," and its opportunities for social service. Into one of such clinics in this city with which I happen to be very familiar, there come in the course of a day a large number of patients, averaging perhaps through the year upward of one thousand per month. In this particular clinic, which is reputed to be as well organized as any in this city, and to which specialists in practically every realm of medical science freely give their services, a tremendous amount of good is done in the mere healing of physical disease. But for my part, as a member of the board of directors of the institution under whose auspices this clinic is conducted, I should feel that the money and the effort expended in its maintenance were not being sufficiently repaid if beyond the mere dealing with physical disease nothing were done for these patients. It is the *indirect result* that counts here; the fact that through their attendance at the clinic physicians and social workers get into touch with the very inmost secrets of the lives of their patients; that here they learn, as they could not in any other way, of the moral conditions that are frequently back of the physical conditions which are brought forward; of the home relations that exist, of the working conditions, and of the whole social environment of which the low physical state is frequently only the symptom. Moreover, in the clinic if anywhere, it is discovered oftentimes that the patient who applies for treatment is only representative of an entire family that needs, not only the advantage of medication but as well the counsel of some sympathetic friend and the encouragement of one who, with understanding, can enter into their life condition, and incidentally, let it be emphasized, that the family and not the individual is the social unit to be used in all our calculations.

These things, I say, cannot be set down with the other direct results of hospital service, but for that reason they are not a whit less important than the others. A prominent physician of this city said in my hearing not long ago, that it is worth all the expense and the trouble to which a philanthropic organization or individual is put in sending a patient from the crowded districts of this city to a good hospital, if only by a week's residence there a patient may be shown the example of what cleanliness and orderliness may do in bringing comfort and happiness to human beings. This example, of which every well-conducted hospital is the embodiment, is no small factor for social good.

Two problems in this connection are worthy of consideration, though they have both been frequently discussed and in regard to at least one of them there is a fairly well-defined consensus of opinion. This refers to the desirability of making the social service feature of hospital work an integral part of the hospital itself. The almost unanimous opinion on the part of the hospital authorities seems to favor such an arrangement, and with their expert opinion I should not have the temerity to take issue. Certainly there can be no difference of opinion that a well-organized social service staff, as an essential part of the hospital, can do much to remove the deep-seated fear that many patients have upon their entrance into the institution, that the hospital is a mere place for the butchering of men and women, where there is no sympathy and no kindness and where every patient is only a case, alike to doctors and nurses. If the social service department of a great hospital can do nothing more than to replace this fear with confidence, and at the very outset make the patient feel that he is coming among friends and sympathizers; if, moreover, such department can dispel the ravaging anxiety which takes hold of so many patients for the safety of the wife, husband, or children left behind, its establishment will more than justify itself, for through its good offices it will have put the patient into the mental attitude which will allow him to get the very best result of the treatment which he is to receive. And what applies to the work of social service in the receiving room of the hospital is of no less importance in the office through which the patient takes his leave. While often the most fortunate patient is likely to heave a sigh of relief when he steps for the first time through the hospital door on his way to his own home, there is no small likelihood that the ward patient, feeling a real or fancied grievance against those who have attended him during his illness, may leave with bitterness in his heart, and with the feeling that never again will he be willing that he or his dear ones shall return there. A well-organized social service staff in the dismissal office of the hospital can do much, not only to counteract this feeling, but through tact and sympathetic approach to the out-going patient the department may establish that bond of confidence which will make easy the entrance of the social worker into the home and family life of the patient, and thus prove to be the entering wedge for social regeneration not only of the patient but of his family, and through the family of the neighborhood, and ultimately of the community of which he is a part. The trite illustration of the stone cast into the water, whose circles beginning small constantly enlarge until they are lost to the vision, is not inapt as a similitude of the influence that may be exerted by social service work of this character. Rightly organized and

applied, it must reach infinitely beyond the particular individual, and affect for good his entire social environment. The experience of the Massachusetts General Hospital, the pioneer in this work, and of those other hospitals that have followed in its wake proves amply that this and much more than this has been accomplished. And surely this is argument sufficient that the social service work of the hospital should be an essential part of the hospital itself. Until the hospital undertakes this kind of work, its full function is by no means fulfilling itself. But on the other hand, there is something to be said about that phase of social service work related to the hospital which must be conducted not only outside its walls, but perhaps, to be most efficacious, without direct control of the hospital. The very nature of the work to be done implies this necessity, for it is foolish to believe that all that may be accomplished for the patient in the matter of social regeneration has been done when he has been dismissed from the hospital, even though the dismissal office be in charge, as has been intimated, of the most sympathetic and efficient worker. The follow-up system is absolutely essential. Conditions in the home, making for health, have to be substituted for conditions that, left as they are, will only mean the recurrence of the disease and the inevitable return of the patient to the hospital. The need of continuity of supervision I have already intimated.

But in addition to all this, there are other arguments in favor of the continuance of social service work beyond the hospital itself. In the first place, none can deny that departmental work of any character is bound sooner or later to become more or less institutionalized and methodic to the point of soullessness. Dr. Cabot himself, to whom we are perhaps more indebted than to any one else for the organization of this work, concluded his discussion of the subject before the St. Louis convention of Charities and Correction, by saying that "in our desire to avoid the reproach of sentimentalism, we may forget the very soul of the work, which is human sympathy." And this, it seems to me, is the very basic reason wherefore, in conjunction, if you will, with the social service staff of the hospital, there should co-operate a corps of outside workers. Nor should it be forgotten that the organized staff within the hospital precludes what in my thought is one of the very essential qualities of telling social work, and that is from the stand-point of the beneficiary, its naturalness, or, if you will, its unconscious quality. Social benefits to be of value must not be thrust upon the beneficiary, but they must grow and develop out of established relationships, between the beneficiary and the worker. If there is one regret greater than another for the passing of the "family physician," it is that the relation

of confidence and of mutual understanding established between him and the family of his patients made possible for him silently and unobtrusively to exert that influence which now falls to the lot of the social worker.

And this leads directly to the other question, worthy of a brief consideration, as to whether in all cases the trained or professional social worker is to be preferred to the volunteer. God save us from the amateur philanthropist and from the woman—or the man for that matter—who makes slumming his fad and hobby, but this prayer for salvation from such does not imply any complete satisfaction with that trained, methodical, machine-like worker whose sympathies are dulled by scientific interest in the “case” as she calls it, and with whom the sight of suffering and of heartache and of spiritual agony is so much a commonplace as to have lost its poignant appeal. Let it be remembered, too, that just as not everyone who teaches is a teacher by the grace of God, nor everyone who occupies a pulpit has been gifted with a divine message, so not everyone who has gone through the schools of philanthropy and engaged in social work has within his soul or her soul that social passion which is needful to the highest success in this work. Often will one find in some person untrained in the schools the spirit of the true social worker whose kindness and sympathy and soul understanding will do more to uplift and encourage and restore the self-respect of the physically and the mentally depressed than the most scientific worker could possibly do.

And so I believe that the hospital social service work, conducted by experts, may, not without some advantage, be supplemented by those whose natural fitness rather than their training makes them worthy instruments to do this exalted work.

I am conscious of the fact that in this paper I have only touched the outer fringes of a subject which is of the utmost significance, not only to you as physicians and hospital workers, but much more to society itself. The great thing to be accomplished is to impress upon those who have in their hands the shaping of our hospital policies, the fact that the great hospital is not, and from the nature of things cannot be, a private institution, the pet and the hobby of a coterie of men, however gifted, but that in its last analysis it must be a social force in the community, treating not only physical disease, but at least leading to the treatment of that social disease of which the former is a symptom. I know of no more direct agency by which social betterment can be accomplished than the well-organized hospital. It stands forth as a school with three classes of pupils: the physician himself may learn there that the physical man

is not the whole man, and that accordingly mere medication without the application of social remedies will never accomplish the eradication of disease. Again, it is the school for the social worker who must be made to see that the social regeneration of the delinquent and defective classes cannot be accomplished save upon a basis of physical health, and that accordingly a close co-operation between the physician, the hospital, and the agencies of social service is indispensable. And finally it must be a teacher to the patient and to all that portion of society of which he happens to be a representative, and upon him it must impress the basic fact that to no small extent the betterment of his own condition is dependent upon himself and upon his effort so to change the character of his environment and the other social influences that play upon him as to allow him to actualize those best qualities of body, mind, and soul that are potential within him. Ultimately the close co-operation of the hospital and the social service forces of the community will make for the eradication of preventable disease which, if I mistake not, modern science holds to represent the largest portion of the physical suffering of which modern man is the victim. The need for work along these lines is obvious enough. It will be brought about more and more by the education of hospital authorities to the fact that theirs is a larger work than the treatment of physical disease, and by the education of public opinion to the obligation which each man owes to himself and to society to safeguard the public health by the use of every social remedy which the genius and the humanity of men and women can bring to bear.

THE NURSE AS A MORAL MISSIONARY

By MARY ELLA HOFFMAN, R.N.

Graduate of the Protestant Episcopal Hospital, Philadelphia

AFTER nine years of professional experience, an incident came my way which verified the trite saying, "We are never too old to learn." Having trained in the Protestant Episcopal Hospital of Philadelphia, spent three months at the Sheltering Arms, two months at the Preston Retreat, five months with the Visiting Nurse Society, specializing many cases in the Howard Hospital, beside individual cases in various other hospitals, hotels, and in numerous private homes, I had reached the conclusion that being insulted by male patients or male members of the family was brought about entirely by the nurse's own attitude. After having rendered my services among these three classes of society, viz., the highest, the lowest, and the classes between, without ever having had